

## NDPERS Annual Flu Shot Clinic

The UND Center for Family Medicine will be offering flu shots again this fall to participants of the North Dakota Public Employees Retirement System health plan. The cost for each immunization is \$10.00 and is payable by cash or person check (made payable to UND Center for Family Medicine) at the door. **No insurance claim(s) will be filed.** However, participants of the NDPERS FlexComp may use the [Flu Shot Receipt](#) to file a claim towards their NDPERS FlexComp medical spending account.

The nasal-spray flue vaccine is available and approved for use in healthy people 5 years to 49 years of age who are not pregnant. However, the cost of the Live Attenuated Influenza Vaccine (LAIV) will be \$20.00. Please advise the NDPERS representative so appropriate payment is made if you wish to have members of your family receive the nasal-spray versus an immunization.

Immunizations will be given at the UND Center for Family Medicine, 515 East Broadway Ave., Bismarck ND from **4:00 PM to 6:00 PM** according to the schedule below. For your convenience please have each individual receiving the flu shot complete the [UND Center for Family Medicine release form](#). Free parking will be available in the Parkade ramp. Members will be required to show their NDPERS/BCBSND insurance identification card. If possible, we are requesting your cooperation in assisting us to comply with the outlined schedule.

<i>Tuesday</i>	<i>October 17<sup>th</sup></i>	<i>Persons aged ≥ 60 years + ANY individuals considered at High-Risk</i>
<i>Tuesday</i>	<i>October 24<sup>th</sup></i>	<i>Persons aged ≥ 40 years + ANY individuals considered at High-Risk</i>
<i>Monday</i>	<i>November 6<sup>th</sup></i>	<i>Families – Last Names beginning with (L-Z)</i>
<i>Tuesday</i>	<i>November 14<sup>th</sup></i>	<i>Families – Last Names beginning with (A-K)</i>
<i>Tuesday</i>	<i>November 21<sup>st</sup></i>	<i>OPEN to those members that remain to be immunized</i>

**The number of immunizations allocated to the group is limited based on availability.**

Key Facts about Influenza (FLU) Vaccine issued by the Department of Health & Human Services, Centers for Disease Control & Prevention can be located on their web-site: <http://www.cdc.gov/flu/protect/keyfacts.htm>

As of June 9, 2006, influenza vaccine manufacturers projected that approximately 100 million doses of influenza vaccine will be available in the U.S. for use during the 2006-07 influenza season. The National Influenza Vaccine Summit has made a commitment to provide information on important issues concerning the upcoming influenza season. As part of that effort, they will let us know about any recent FDA action that concerns influenza vaccine for the 2006-07 season.

### Priority groups for vaccination (as per the ACIP) Advisory Committee on Immunization Practices

1)

#### **People who should get vaccinated each year are:**

- › Children aged 6 – 59 months,
- › Pregnant women,
- › People 50 years of age and older, and
- › People of any age with certain chronic medical conditions;
- › People who live in nursing homes and other long term care facilities.

2)

#### **People who live with or care for those at high risk for complications from flu, including:**

- › Household contacts of persons at high risk for complications from the flu (see above)
- › Household contacts and out of home caregivers of children less than 6 months of age (as these children are too young to be vaccinated), and
- › Healthcare workers.

**The single best way to prevent the flu is to get a flu vaccine each fall!**

**UND Family Practice**

**Flu Shot Receipt**

**SECTION A: PARTICIPANT INFORMATION**

Participant's Name (Last, First, Mi)		Insurance Contract Number (obtain from insurance card)	
Department Number		Work Telephone Number	
Address	City	State	Zip Code

**SECTION B: Provide the names of all individuals who received the flu shot.**

Name	Cost	Total Amount Paid
<b>Grand Total</b>		
<b>Date Flu Shots were received</b>		

For Flexcomp Reimbursement, please attach this receipt to the Flexcomp Reimbursement Voucher SFN 16868.



515 East Broadway Avenue  
Bismarck, ND 58501

\_\_\_\_\_  
Name (Please Print) Birth Date Age

\_\_\_\_\_  
Address: City State Zip

Have you received any services from UND Center for Family Medicine previously? \_\_\_\_\_

X \_\_\_\_\_  
Signature (Person Receiving Vaccine or Parent/Guardian)

\_\_\_\_\_  
**(For Clinic Use)**

Name of Clinic: Injection Given By: \_\_\_\_\_

**UND Center for Family Medicine** Notes/Other Diagnoses \_\_\_\_\_  
Date of Vaccination: \_\_\_\_\_

\_\_\_\_\_  
Manufacturer & Lot #: \_\_\_\_\_

\_\_\_\_\_  
Site of Injection \_\_\_\_\_

\_\_\_\_\_  
Chronic Disease: \_\_\_\_\_  
☐ Yes ☐ No \_\_\_\_\_

☐ I have explained rational of flu vaccine as well as risks and limitations.

☐ I have explained potential side effects.

☐ I have reviewed healthy lifestyle issues with this patient including recommendations for screening tests.

☐ Patient had opportunity to ask questions.

☐ Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Encounter By: \_\_\_\_\_ Date: \_\_\_\_\_